

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005183

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 34Primary Registration District No. 5117

Registrar's No. _____

FILED MAR 7 1963

1. PLACE OF DEATH

a. COUNTY Booneb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Ashland, Mo

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Ashland MoInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Boonec. CITY OR TOWN Ashland, MoInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
Ashland, MoReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Margaret A Crews

4. DATE OF DEATH

Month Feb. Day 19 Year 1963

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-6-12-63

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months 72 Days 72 Hours 72 Min. 72

IF UNDER 24 HR

Hours 72 Min. 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Boone Co.

11. BIRTHPLACE (City and state or country)

U.S.A

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Robert A. Hudson

13b. MOTHER'S MAIDEN NAME

Elizabeth M. Bradley

14. NAME OF HUSBAND OR WIFE

Pearl Sapp Columbia, Mo15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

62-12-63

17. INFORMANT

Pearl Sapp

Address

Columbia, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 6:00 a.m. 6:00 p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Coroner's case

and last saw her alive on

Death occurred at

ca 6:00 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Richard E Johnson, MD

(Degree or title)

22b. ADDRESS

Columbia, Mo

22c. DATE SIGNED

2-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-21-63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemet

23d. LOCATION (City, town, or county)

Columbia, Mo.

(State)

24. FUNERAL DIRECTOR

Burnett Funeral

ADDRESS

Home Ashland, Mo

25. DATE RECD. BY LOCAL REG.

2-20-63

26. REGISTRAR'S SIGNATURE

Mildred Burnett

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed W^m L. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashtland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.